Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001								ک ا	0195		270		
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY		
TOTAL CLAIMS			9			~	RA	TE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBI	ER EXTRA	BASI	C FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS					*		X\$	9=		OR	X\$18=		
INDEPENDENT CLAIMS			3 minus 3 =		*	* -		X42=		OR	X84=		
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT				+14	40=		OR	+280=		
* If the difference in column 1 is less than zero, enter						olumn 2		TAL		OR	TOTAL	740-	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							614	SMALL ENTITY O			OTHER THAN		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$	9=		OR	X\$18=		
	Independent	*	Minus			=	X4	12=		OR	X84=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+1	40=		OR	+280=		
								TOTAL		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colu	ımn 2)	(Column 3)		i. rec		•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER IOUSLY DFOR	PRESENT EXTRA	R/	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=] X9	6 9=		OR	X\$18=		
	Independent	*	Minus	***		=	X	12=		OR	X84=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							40=		OR	+280=		
								TOTAL T. FEE		OR	TOTAL		
2.		(Column 1)	44		ımn 2)	(Column 3							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	,	NUI PREV	HEST MBER YIOUSLY D FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=] X	9=		OR	X\$18=		
	Independent	*	Minus	***]=		12=		OR	V04		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									1			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								40=		OR	+280= TOTA		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											<u> </u>		
	The "Highest Nur	nher Previously P	aid For" (Total o	r Indepen	ident) is th	e highest numb	er found in	the as	opropriate bo	x in c	olumn 1.		